

Work Order ID 91788

91788

Page 1

October-18-12 1:55:22 PM

Item ID: 646.9701

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Cutter Sub Assembly

Start Date: 18/10/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-10-18 Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.9700	N/C								
110	Pick Kit	0.00							
110									
Packaging	Memo	0.00							
Packaging									
120		0.00							
120									
Small Fab	Memo	0.00							
Small Fab	Assemble as per dwg and apply loctite 598 on all mating surfaces per note 2.								
	A/R LOCTITE 598: <u>125 174</u>								
130	QC5- Inspect part completeness to step on W/O	0.00							
130									
QC	Memo	0.00							
Quality Control									

13-4-19

13-4-22

13/4/12

12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 91788

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Page 2

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Item Name: Cutter Sub Assembly

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Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***
Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140	Identify as per dwg & Stock Location: MF	0.00							
140									
Packaging	Memo	0.00		13-4-22		12			
Packaging									
150	QC21- Final Inspection - Work Order Release	0.00							
150									
QC	Memo	0.00							
Quality Control									

13/4/23

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Picklist Print

October-18-12 1:55:26 PM

Page 1

Work Order ID: 91788

91788

Parent Item: 646.9701

646 9701

Parent Item Name: Cutter Sub Assembly

Start Date: 18/10/2012

Required Date: 01/11/2012

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV:A 12.08.13 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
646.9710		Manufactured	No			110	Each	0.0000	1	12			
646 9710					91790				**	120		13-4-18	
Body													
646.9711		Manufactured	No			110	Each	0.0000	2	24			
646 9711					91791				**	24		13-4-18	
Blade													
MS21042L08		Purchased	No			110	Each	1,234.000	6	72			
MS21042I 08									**				
Nut													

Location

Loc Qty

Loc Code

315 123900
122452
ST315 500
122814 500
ST317 687
122141 687

72 13-4-18

MS27039-08-19

Purchased

No

110

Each

600.0000

6

72

MS27039-08-19

**

Screw

Location

Loc Qty

Loc Code

ST308 600
123352 600

33
39 13-4-18

124859

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Picklist Print

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Page 2

Work Order ID: 91788

Parent Item: 646.9701

Parent Item Name: Cutter Sub Assembly

91788

646 9701

Start Date: 18/10/2012

Required Date: 01/11/2012

Start Qty: 12.00

Required Qty: 12.00

NAS1149FN832P

Purchased

No

110

Each

523.0000

12

144

NAS1149FN832P

Washer

Location

Loc Qty

Loc Code

275

198

122441

198

ST275

125

115158

125

ST294

200

123352

200

123900

144

13-4-18 ~~96~~

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

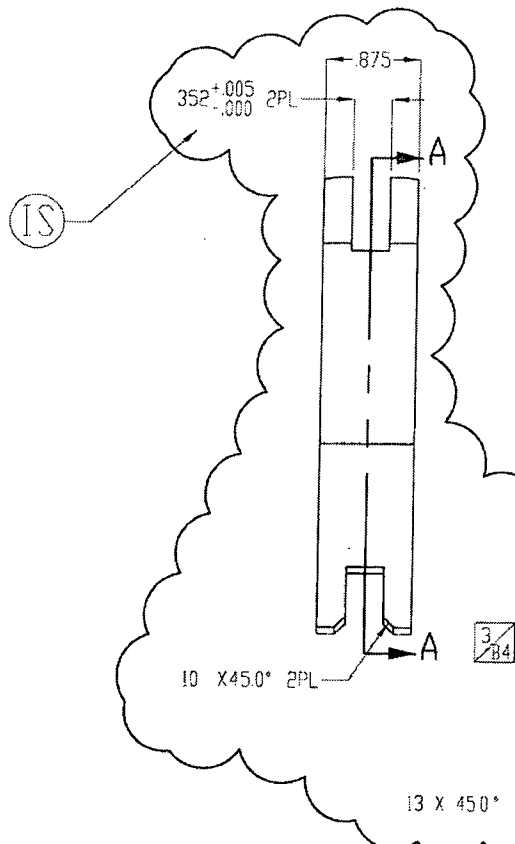
QA Closed: _____ Date: _____

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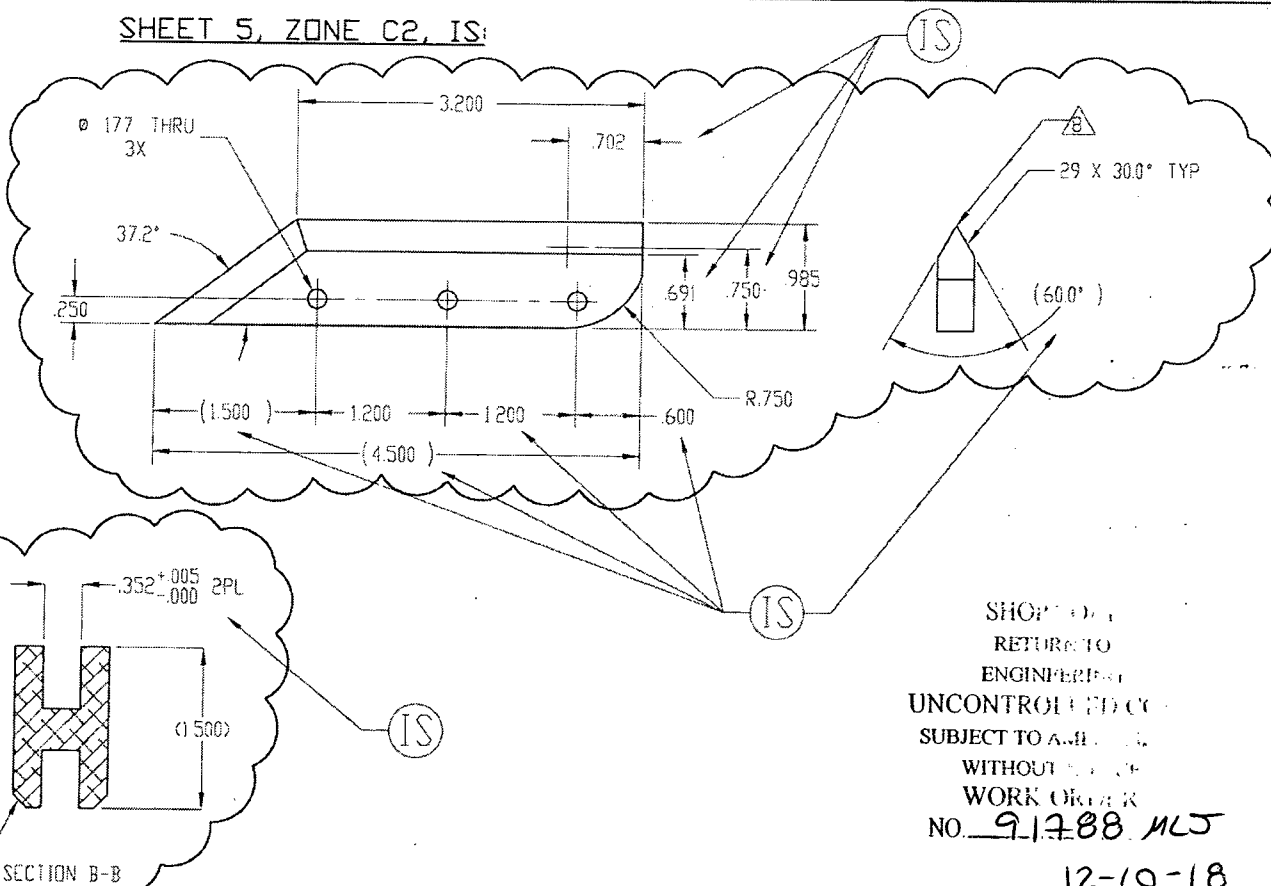
APICAL
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 02744		SHEET 1 OF 1	
DWG NO. 646.9700	REV: N/C	PREPARED BY S. HUFF	DATE: 01/07/10
DWG TITLE: CUTTER SUB ASSY		EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
APPROVED BY: ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER
REASON: REVISED SCREW LENGTH, CHANNEL WIDTHS & DIMENSIONING SCHEME SHEET 5.			

SHEET 2, ZONE C6, IS:



SHEET 5, ZONE C2, IS:



SHOP
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO A.M.I. L.
WITHOUT
WORK ORDER
NO. 91788 MLJ
12-10-18

3	R	601.3157	12	SCREW	MS27039-0818
			.9701		
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:					
<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input checked="" type="checkbox"/> ICA <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BOM					
CHANGE CATEGORY DER REVIEW REQUIRED <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

THE BUYER SHALL BE ADVISED BY THE DRAWING OF THE QUALITY OF THE MATERIALS AND THE WORKMANSHIP OF THE FABRICATOR. THE FABRICATOR SHALL BE RESPONSIBLE FOR THE QUALITY OF THE MATERIALS AND THE WORKMANSHIP OF THE FABRICATOR. THE FABRICATOR SHALL BE RESPONSIBLE FOR THE QUALITY OF THE MATERIALS AND THE WORKMANSHIP OF THE FABRICATOR.

REV	DESCRIPTION	DATE	BY	APPROVED
1	INITIAL DESIGN	10/1/88	J. B.	J. B.
2	REVISION	10/1/88	J. B.	J. B.

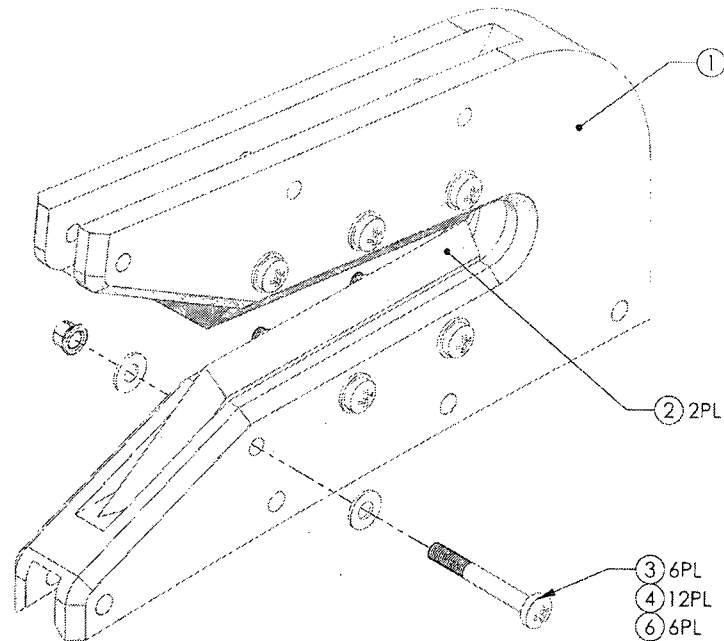
NOTES:

- 1 MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER PRIME IAW MIL-P-23377J TYPE I CLASS N; 1-2 MIL MAX
- 3 MATERIAL: AISI A2 TOOL STEEL
CONDITION: ANNEALED
POST PROCESS: HEAT TREAT TO 58-62 RC ROCKWELL HARDNESS
- 4 FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N; 1-2 MIL MAX
- 5 DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED
- 6 IDENTIFY IAW MPP-120
- 7 APPLY F/N 5 AS REQUIRED TO ALL FAYING SURFACES OF F/N 2 UPON ASSEMBLY
- 8 CUTTING EDGE INTENDED TO BE SHARP. DO NOT BREAK SHARP EDGE

91788

UNINCORPORATED ECN(s)

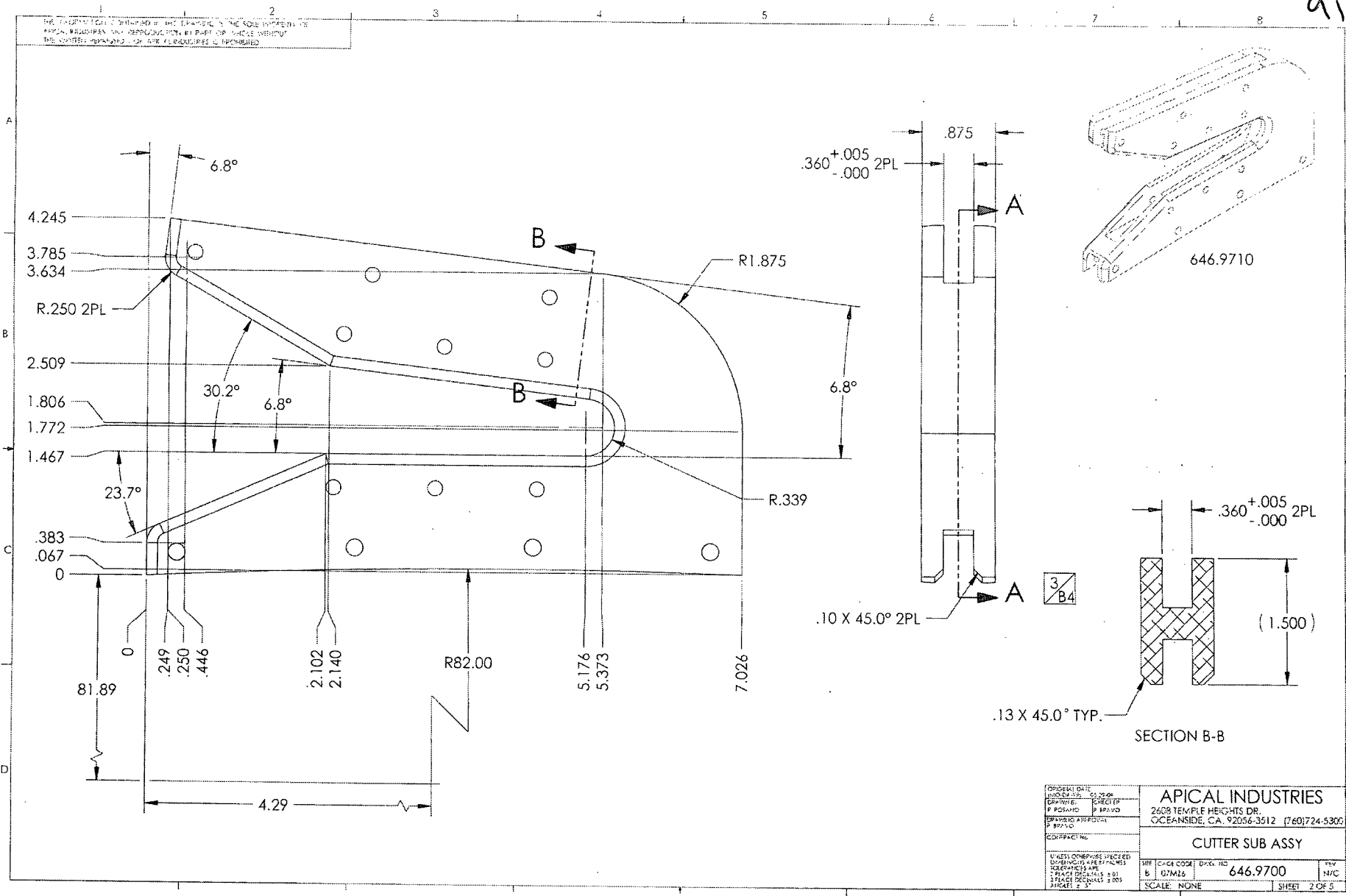
02744



646.9701

QTY	FINO #	PART #	DESCRIPTION	MATL	SPEC.
1	5	601.1541	LOCKWASHER	6051042005	
1	5	601.2045	RTV, LOCITE 598		
12	4	601.2744	WASHER	10431140000000	
5	3	601.2765	SCREW	60527039 60819	
2	2	646.9711	BLADE		
1	1	646.9710	BODY		
1		646.9701	CUTTER SUB ASSY		
PARTS LIST					
NEXT ASSY (S)			APICAL INDUSTRIES		
646.9600			2508 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
			CUTTER SUB ASSY		
			SCALE: NONE		
			SHEET 1 OF 5		

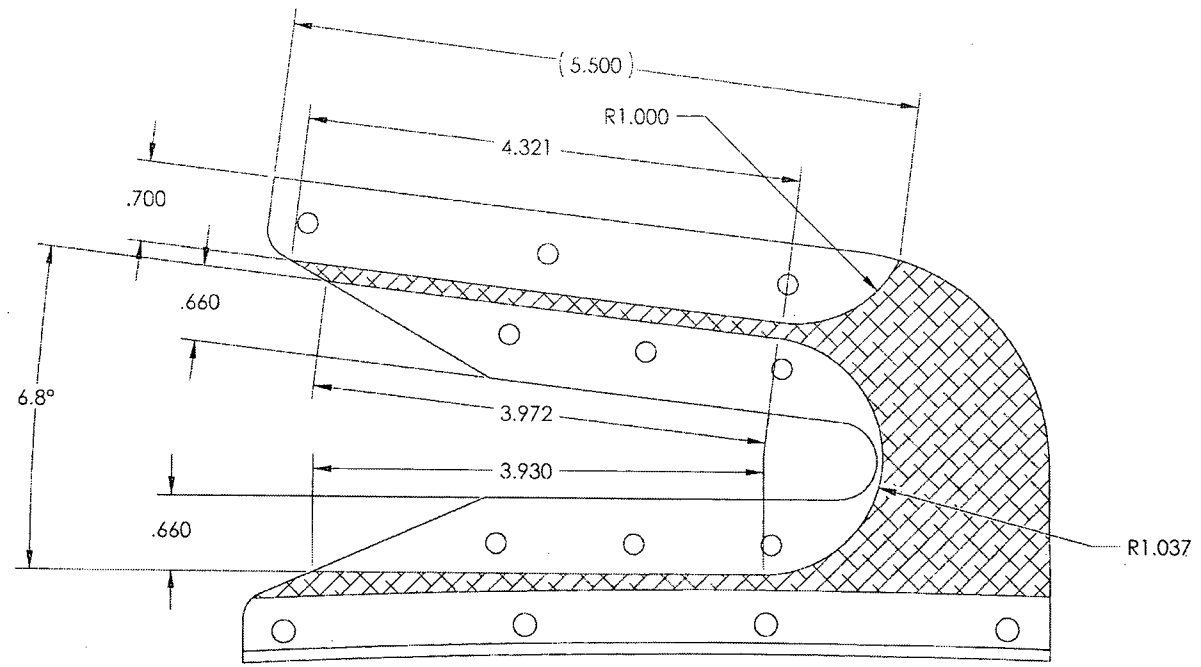
91788



DESIGNED BY: CS 2508 DRAWN BY: COREY P CHECKED BY: P. POHNO APPROVED BY: P. POHNO CONTRACT NO.	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
MATERIALS SPECIFIED: DIMENSIONS ARE IN INCHES DECIMALS ARE: FRACTIONS: 1/16 TOLERANCES: FINISH:	CUTTER SUB ASSY SHEET: 2 OF 5 SCALE: NONE PART NO: 646.9700 REV: N/C

91788

IT IS HEREBY CERTIFIED BY THE SIGNING A THE SOLE PROPERTY OF APICAL INDUSTRIES AND REPRODUCTION OF THIS DRAWING WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED

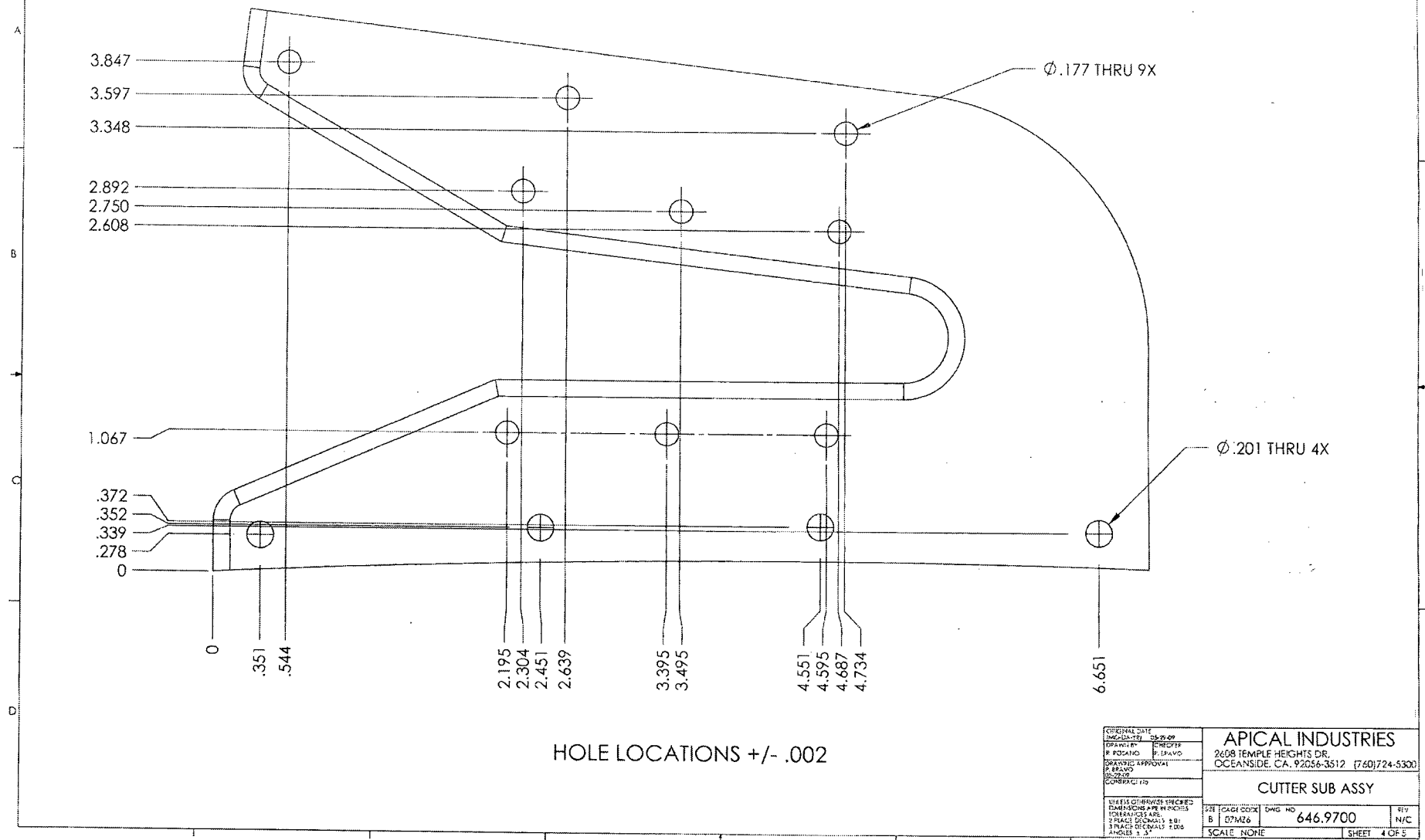


SECTION A-A 2/C8

ORIGINAL DATE REV. DATE: 05-19-04		APICAL INDUSTRIES	
DESIGNED BY: J. POLAKO		2608 TEMPLE HEIGHTS DR.	
DRAWING APPROVAL DATE: 05-22-04		OCEANSIDE, CA. 92056-3512 (760)724-5300	
CONTRACT NO.		CUTTER SUB ASSY	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ±.01 THREE PLACE DECIMALS ±.001 OTHERWISE ±.01		REV: 8	REV: N/C
PAGE CODE: D/M/26		DWG. NO: 646.9700	SCALE: NONE
SHEET: 3 OF 5			

91788

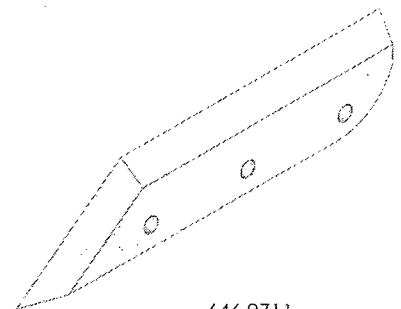
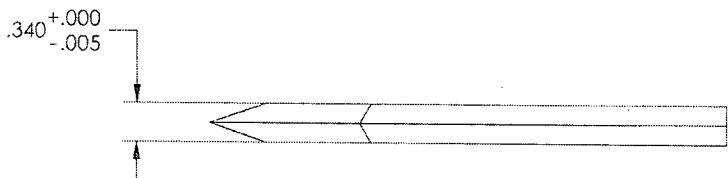
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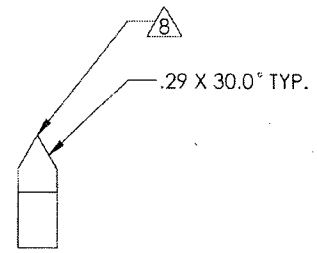
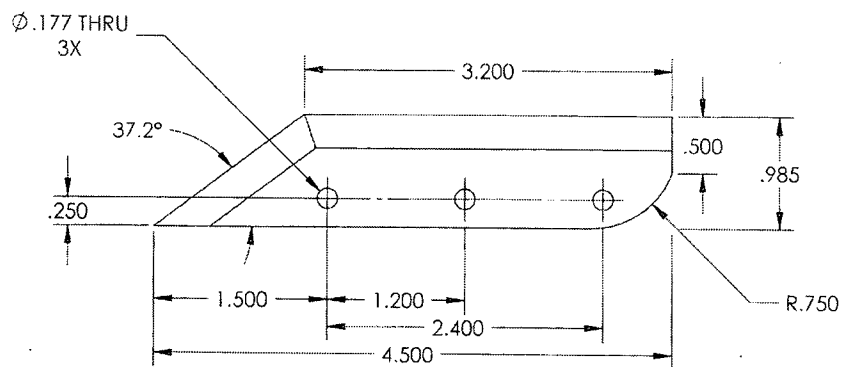
91788

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A
B
C
D



646.9711



ORIGINAL DATE (M/D/Y) (P) (S/M/Y)		APICAL INDUSTRIES 22605 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5300	
DESIGNED BY	DESIGNED BY	CUTTER SUB ASSY	
P. POSAYO	P. POSAYO		
DESIGNED BY APPROVAL	DESIGNED BY APPROVAL	REV	CAGE CODE
P. POSAYO	P. POSAYO	B	07M26
CONTRACT NO.	CONTRACT NO.	DWG NO	646.9700
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE FRACTIONS DECIMALS INCHES .005 .005 .005		SCALE	NONE
		SHEET	5 OF 5